

ALABAMA DEPARTMENT OF PUBLIC HEALTH
PROGRAM SIGN-IN SHEET and EVALUATION
Diabetes and Cardiovascular Risk: Affecting Change in Communities to Increase Physical Activity
ASNA NO: 5-91.100 ABN PROVIDER NUMBER: ABNPO387 DATE: May 18, 2004

Name: _____ SSN: _____

Please check one: ☐ Nurse ☐ Social Worker ☐ Registered Dietitian ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

	5	4	3	2	1
Teaching effectiveness of presenter(s):					
Jack Hataway, MD, MPH.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bill Sims, MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mr. Donald Stone.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thomas Ellison, MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stacye Palmer, MPH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	5	4	3	2	1
Course Content Objectives:					
1. List two counties with high diabetes and cardiovascular disease rates in the state of Alabama	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Discuss two programs in Alabama that impact lifestyles and make a difference in decreasing the development of chronic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Explain three treatment options for those who are diagnosed with diabetes and heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. List two funding opportunities provided by the National Park Service that may be used at the local level.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in attending: _____

I attest that I viewed at least 85% of this program: Participant's Signature: _____ Date viewed: _____

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator; PO Box 303017, Suite 1010; Montgomery, Alabama 36130-3017.

NOTE: IF CEU'S ARE REQUESTED: Within 3 working days, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

Out of state participants include \$20 per person (check payable to: Alabama Department of Public Health)

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545